



Secretary of State

STATE CONSTRUCTION INDUSTRY LICENSING BOARD
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440

Application for Certificate of Authorization **For Conditioned Air Companies**

All businesses offering Conditioned Air services in the State of Georgia through individual, licensed Conditioned Air Contractors as agents, officers or partners, are required to file with the Board an APPLICATION FOR CERTIFICATE OF AUTHORIZATION to practice.

If your Conditioned Air registration in Georgia entitles the firm or organization with which you are affiliated to offer to practice or practice conditioned air contracting in Georgia, you must complete the enclosed application form and file it with the Board. There is no fee for this application.

Additional forms may be photocopied as required. Applications MUST be legible to be acceptable to the Board.

To submit a change of name, address, branch addresses or to add/delete a Conditioned Air Contractor, please submit the information on your letterhead as a letter of request to the Board. The Board must be notified in writing before the current individual in responsible charge can be replaced. Do not resubmit this application form.

The individual, who is in responsible charge of the services performed or offered to be performed in Georgia, must be: currently licensed as a Georgia Conditioned Air Contractor; a full time employee of the firm; supervising the installation and service of Conditioned Air on a daily basis; and must sign the form.

Please indicate the FEIN (Federal Identification Number) in the appropriate blank as this number will be used for renewal purposes.

Please mail this application in to the Board office at the address above. Faxed applications will not be accepted.

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Application is hereby made for a certificate of authorization to practice or offer to practice **Conditioned Air Contracting** in Georgia.

Legal Name of Business:

FEIN:

DBA (If applicable):	

Physical Address of Principle Place of Business:

Street:	Suite:
City:	State: Zip:
Contact e-mail:	Telephone # ()
Mailing Address (if different than physical address):	
Street or PO Box:	
City:	State: Zip:

List below the Georgia Conditioned Air Contractor who will be primarily responsible for conditioned air services offered by this firm in Georgia.

Name:	Georgia License #:	
Physical Home Address: Street:	Is this licensee a full time W-2 employee at this firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
City: State: Zip:	Approximately how many miles is this licensee's home from the office?	<input type="text"/> mi.

List below other Georgia Conditioned Air Contractors in the firm who are full time, continuing, bonafide and active principals, officers, partners or individuals acting on behalf of the business (use additional sheets, if necessary.)

Name:	Georgia License #:	
Licensee's Physical Home Address: Street:	Is this licensee a full time W-2 employee at this firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
City: State: Zip:	Title: _____	

Name:	Georgia License #:	
Licensee's Physical Home Address: Street:	Is this licensee a full time W-2 employee at this firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
City: State: Zip:	Title: _____	

Name:	Georgia License #:	
Licensee's Physical Home Address: Street:	Is this licensee a full time W-2 employee at this firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
City: State: Zip:	Title: _____	

Please list all other licensed employees.

Name:	Georgia License #:	
Licensee's Physical Home Address: Street:	Is this licensee a full time W-2 employee at this firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
City: State: Zip:		

List below the name, residence address and title of each of the officers, board of director members, partners and/or principals for the corporation, Professional Corporation, partnership, association, or other entity making this application. For each such person list his/her current Georgia Conditioned Air Contractor registration number, if any.

Name & Address	Title	Georgia License #, if applicable:

Certification: I, _____, as a currently active Georgia registered conditioned air contractor and authorized to act on behalf of _____, hereby certify that the statements
Print Company Name
made herein and attached hereto as part of this application are true and correct as of this date and any change will be filed with the State Construction Industry Licensing Boards within 30 days of the effective date of the change.

Signature Title GA License #

Date of Application: _____